

NON-CLINICAL CHILD & ADOLESCENT HEALTH CENTER GRANT APPLICATION CRITERIA SCORE SHEET

1. REQUIRED ELEMENTS – EACH PROPOSAL MUST INCLUDE THE FOLLOWING REQUIRED ELEMENTS.

PART A- APPLICATION COVER SHEET AND APPLICATION

- ☐ Funding strategy identified: non-clinical
- ☐ Service/target area Identified: _____
- ☐ Target Population Identified: Youth 10-21
- ☐ Location of Non-clinical Services: School Based or School Linked

REQUIRED _____ (✓)

PART B- ASSURANCES AND CERTIFICATIONS

- ☐ Original signatures must be on page 1, 1a, and 1b on the application for state and specific program assurances and certifications. Rubber stamps and copies are unacceptable.
- ☐ The cover letter includes assurances that while operating on school property, family planning drugs and/or devices will not be prescribed, dispensed or otherwise distributed and abortion counseling, services and/or referrals for abortion services will not occur.

REQUIRED _____ (✓)

REQUIRED _____ (✓)

PART C- GRANT PROGRAM DETAILS

COMMUNITY COLLABORATION

- ☐ A letter of support from the local health department is required for consideration of this proposal.
- ☐ A letter of need which documents the lack of services in the selected service/target area from the local Community Collaborative (Multi Purpose Collaborative Body) is required for consideration of this proposal.

REQUIRED _____ (✓)

SERVICE/WORK PLAN

- ☐ Services proposed to be provided should be fully and clearly described for the period of October 1, 2005 through September 30, 2006.
- ☐ If the applicant is proposing to provide services **ON SCHOOL PROPERTY**, a current interagency agreement defining roles and responsibilities between the contracting agency and the local school district is included.

REQUIRED _____ (✓)

REQUIRED _____ (✓)

FINANCIAL PLAN

- ☐ A minimum local match of 30% is required and can be reached either through cash contributions or in-kind resources.
- ☐ A line item budget is provided for the grant year and includes both in-kind and hard match resources.

REQUIRED _____ (✓)

REQUIRED _____ (✓)

PART C- GRANT PROGRAM DETAILS 2. PROJECT ABSTRACT/SUMMARY			TOTAL 10 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 2a. The project abstract/summary is <u>3 or less</u> single-spaced pages in length. (2 points)	N/A	<input type="checkbox"/> The project abstract/summary is <u>more than three</u> single-spaced pages in length or there is no project abstract/summary provided. (0 points)	_____ / 2
<input type="checkbox"/> 2b. There is a <u>clear</u> summary of the proposal and includes all six of the following areas (8 points): <ul style="list-style-type: none"> _____ a history of administering programming for this type of application/funds _____ a statement of need for the proposed program that lists the target area/population the program will serve, and the number of youth expected to be reached in the first year of funding _____ a summary of the major program goals and expected outcomes _____ a description of the proposed programming, including a description of where services will be provided _____ identification of the total amount of local resources that will be applied to the project and how they will be used _____ key people involved in the project are highlighted 	<input type="checkbox"/> There is a <u>somewhat clear</u> summary of the proposal and includes 4-5 of the following areas (2-6 points): <ul style="list-style-type: none"> _____ a history of administering programming for this type of application/funds _____ a statement of need for the proposed program that lists the target area/population the program will serve, and the number of unduplicated youth expected to be reached in the first year of funding _____ a summary of the major program goals and expected outcomes _____ a description of the proposed programming, including a description of where services will be provided _____ identification of the total amount of local resources that will be applied to the project and how they will be used _____ key people involved in the project are highlighted 	<input type="checkbox"/> There is <u>no</u> summary of the proposal or the summary includes 3 or less of the following areas (0 points): <ul style="list-style-type: none"> _____ a history of administering programming for this type of application/funds _____ a statement of need for the proposed program that lists the target area/population the program will serve, and the number of unduplicated youth expected to be reached in the first year of funding _____ a summary of the major program goals and expected outcomes _____ a description of the proposed programming, including a description of where services will be provided _____ identification of the total amount of local resources that will be applied to the project and how they will be used _____ key people involved in the project are highlighted 	_____ / 8
COMMENTS:			_____ / 10

PART C- GRANT PROGRAM DETAILS 3. ASSESSMENT OF NEED			TOTAL 60 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 3a. Provides a <u>clear</u> map of the proposed service area. (2 pts)	N/A	<input type="checkbox"/> No map is provided of the proposed service area. (0 pts)	_____ / 2
<input type="checkbox"/> 3b. Provides descriptive and demographic information of the service area for all six of the following: (6 points) _____ service area definition _____ economic status of the population _____ other agencies providing similar services as those proposed _____ data on estimated need/demand for the proposed services _____ designation as an AYP School (school based) or target population comes from AYP School(s) (community based) _____ description of other unusual factors affecting the need for the proposed services	<input type="checkbox"/> Provides descriptive and demographic information of the service area for 3-5 of the following: (2-4 points) _____ service area definition _____ economic status of the population _____ other agencies providing similar services as those proposed _____ data on estimated need/demand for the proposed services _____ designation as an AYP School (school based) or target population comes from AYP School(s) (community based) _____ description of other unusual factors affecting the need for the proposed services	<input type="checkbox"/> Provides descriptive and demographic information of the service area for 2 or less of the following: (0 points) _____ service area definition _____ economic status of the population _____ other agencies providing similar services as those proposed _____ data on estimated need/demand for the proposed services _____ Designation as an AYP School (school based) or target population comes from AYP School(s) (community based) _____ description of other unusual factors affecting the need for the proposed services	_____ / 20
<input type="checkbox"/> 3c. The need for services is <u>clearly</u> evident. (14 points)	<input type="checkbox"/> There is <u>limited</u> evidence of the need for services. (3-10 points)	<input type="checkbox"/> There is <u>little or no</u> evidence of the need for services. (0 points)	
<input type="checkbox"/> 3d. The characteristics of the target population are <u>clearly</u> described, including (5 points): _____ size _____ age (10-21) _____ economic status (including the number of youth receiving free or reduced lunch) _____ sex and racial makeup _____ health status and level of risk-taking behaviors	<input type="checkbox"/> There is a <u>limited</u> description of the characteristics of the target population, including (1-3 points): _____ size _____ age (10-21) _____ economic status (including the number of youth receiving free or reduced lunch) _____ sex and racial makeup _____ health status and level of risk-taking behaviors	<input type="checkbox"/> The characteristics of the target population are <u>not</u> described. (0 points) <input type="checkbox"/> There is <u>little or no</u> evidence of high need and risk taking behaviors of the target population. (0 points)	_____ / 17 (Continued on next page)
<input type="checkbox"/> 3e. There is <u>clear</u> evidence of high need and risk taking behaviors of the target population. (12 points)	<input type="checkbox"/> There is <u>limited</u> evidence of high need and risk taking behaviors of the target population. (3-8 points)		

PART C- GRANT PROGRAM DETAILS 3. ASSESSMENT OF NEED			TOTAL 60 POINTS (CONTINUED FROM PREVIOUS PAGE)
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 3f. Results of a health survey conducted in the previous three years (to assess the target population's health needs) are <u>included</u> (3 pts). <input type="checkbox"/> 3g. The results <u>clearly</u> support the need for services (10 pts)	<p style="text-align: center;">N/A</p> <input type="checkbox"/> The results <u>somewhat</u> support the need for services. (3-7 pts)	<input type="checkbox"/> Results of a health survey conducted in the previous three years (to assess the target population's health needs) are <u>not</u> included (0 pts). <input type="checkbox"/> The results <u>do not</u> support the need for services. (0 pts)	<p style="text-align: right;">_____ / 13</p>
<input type="checkbox"/> 3h. Provides three current letters of need. (3 pts) <input type="checkbox"/> 3i. Letters <u>clearly</u> document the lack of services (5 pts). <i>(If the letters also include supportive statements they will contribute to #5 Community Collaboration.)</i>	<input type="checkbox"/> Provides 1-2 current letters of need. (1-2 pts) <input type="checkbox"/> Letters provide <u>limited</u> documentation on the lack of services (1-3 pts). <i>(If the letters also include supportive statements they will contribute to #5 Community Collaboration.)</i>	<input type="checkbox"/> Provides no current letters of need. (0 pts) <input type="checkbox"/> Letters do <u>not</u> document the lack of services (0 pts). <i>(If the letters also include supportive statements they will contribute to #5 Community Collaboration.)</i>	<p style="text-align: right;">_____ / 8</p>
COMMENTS:			<p style="text-align: right;">_____ / 60</p>

PART C- GRANT PROGRAM DETAILS 4. COMMUNITY EXPERIENCE			TOTAL 30 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 4a. Provides <u>clear</u> evidence of the community's historical commitment to the proposed program as well as its support for non-clinical health services for the adolescent population. (8 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the community's historical commitment to the proposed program as well as its support for non-clinical health services for the adolescent population. (3-6 pts)	<input type="checkbox"/> Provides <u>little or no</u> evidence of the community's historical commitment to the proposed program as well as its support for non-clinical health services for the adolescent population. (0 pts)	_____ / 8
<input type="checkbox"/> 4b. Provides <u>clear</u> evidence of the organization's ability to accomplish the proposed service/work plan, provision of the proposed services, and manage a grant program of similar size and complexity. (14 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the organization's ability to accomplish the proposed service/work plan, provision of the proposed services, and manage a grant program of similar size and complexity. (2-10 pts)	<input type="checkbox"/> Provides <u>little or no</u> evidence of the organization's ability to accomplish the proposed service/work plan, provision of the proposed services, and manage a grant program of similar size and complexity. (0 pts)	_____ / 14
<input type="checkbox"/> 4c. Provides a <u>clear</u> summary of present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission. (8 pts)	<input type="checkbox"/> Provides a <u>limited</u> summary of present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission. (2-6 pts)	<input type="checkbox"/> Provides <u>little or no</u> summary of present or past experience mobilizing, establishing and maintaining a community-based, broadly representative local advisory committee with a health-related mission. (0 pts)	_____ / 8
COMMENTS:			_____ / 30

PART C- GRANT PROGRAM DETAILS 5. COMMUNITY COLLABORATION AND SUPPORT			TOTAL 30 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 5a. Provides <u>clear</u> evidence of the available community resources, which will help sustain the proposed program (hard match or in-kind services). (10 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the available community resources, which will help sustain the proposed program (hard match or in-kind services). (3-7 pts)	<input type="checkbox"/> Provides <u>no</u> evidence of the available community resources, which will help sustain the proposed program (hard match or in-kind services). (0 pts)	_____ / 10
<input type="checkbox"/> 5b. Provides a <u>complete</u> listing of collaborative and referral arrangements, which will be utilized for the proposed programming. Includes at a minimum other programs that provide similar or related services to the target population and how the proposed program will interact with organizations without duplicating efforts. (10 pts)	<input type="checkbox"/> Provides a <u>limited</u> listing of collaborative and referral arrangements, which will be utilized for the proposed programming. Includes at a minimum other programs that provide similar or related services to the target population and how the proposed program will interact with organizations without duplicating efforts. (3-7 pts)	<input type="checkbox"/> Provides <u>no</u> list of collaborative and referral arrangements, which will be utilized for the proposed programming. Does <u>not</u> include other programs that provide similar or related services to the target population and does <u>not</u> address how the proposed program will interact with organizations without duplicating efforts. (0 pts)	_____ / 10
<input type="checkbox"/> 5c. Provides a <u>minimum</u> of five current letters of endorsement for the proposal, which indicates that the program will meet the described needs. (5 pts)	N/A	<input type="checkbox"/> Provides <u>less than 5</u> current letters of endorsement for the proposal, which indicates that the program will meet the described needs. (0 pts)	_____ / 5
<input type="checkbox"/> 5d. Provides <u>clear</u> evidence of the involvement of local agencies or community members in the proposed program. (5 pts)	<input type="checkbox"/> Provides <u>limited</u> evidence of the involvement of local agencies or community members in the proposed program. (1-3 pts)	<input type="checkbox"/> Provides <u>no</u> evidence of the involvement of local agencies or community members in the proposed program. (0 pts)	_____ / 5
COMMENTS:			_____ / 30

PART C- GRANT PROGRAM DETAILS 7. ORGANIZATIONAL STRUCTURE			TOTAL 25 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 7a. Provides a <u>clear</u> description of the administrative and organizational structure within the program and how the advisory committee will function. (4 pts)	<input type="checkbox"/> Provides a <u>limited</u> description of the administrative and organizational structure within the program and how the advisory committee will function. (1-3 pts)	<input type="checkbox"/> Provides <u>little or no</u> description of the administrative and organizational structure within the program and how the advisory committee will function. (0 pts)	_____ / 4
<input type="checkbox"/> 7b. An organizational chart is included as an attachment depicting all structures as outlined, including advisory committee, fiduciary, program coordinator, proposed subcontractors (if applicable), and all program personnel. (3 pts)	<input type="checkbox"/> An organizational chart is included as an attachment <u>partially</u> depicting all structures as outlined, including advisory committee, fiduciary, program coordinator, proposed subcontractors (if applicable), and all program personnel. (1-2 pts)	<input type="checkbox"/> No organizational chart is included in the attachments. (0 pts)	_____ / 3
<input type="checkbox"/> 7c. Provides a <u>complete</u> description of the number of staff and/or volunteers who will provide the proposed services. (2 pts) <input type="checkbox"/> 7d. Includes <u>complete</u> job descriptions or vitas of the personnel who will play key roles in the administration of the project and delivery of services. (4 pts) <input type="checkbox"/> 7e. The necessary skills and qualifications <u>are appropriate</u> to the model/services being provided. (7 pts)	<input type="checkbox"/> Provides a <u>limited</u> description of the number of staff and/or volunteers who will provide the proposed services. (.5-1.5 pts) <input type="checkbox"/> Includes <u>limited</u> job descriptions or vitas of the personnel who will play key roles in the administration of the project and delivery of services. (1-3 pts) <input type="checkbox"/> The necessary skills and qualifications are <u>somewhat appropriate</u> to the model/services being provided. (2-5 pts)	<input type="checkbox"/> Provides <u>little or no</u> description of the number of staff and/or volunteers who will provide the proposed services. (0 pts) <input type="checkbox"/> Includes <u>little or no</u> job descriptions or vitas of the personnel who will play key roles in the administration of the project and delivery of services. (0 pts) <input type="checkbox"/> The necessary skills and qualifications are <u>not appropriate</u> to the model/services being provided. (0 pts)	_____ / 13
<input type="checkbox"/> 7f. The description of how program coordination will occur is <u>appropriate</u> to accomplish proposed programming. (5 pts)	<input type="checkbox"/> The description of how program coordination will occur is <u>somewhat appropriate</u> to accomplish proposed programming. (1-4 pts)	<input type="checkbox"/> The description of how program coordination will occur is <u>not appropriate</u> to accomplish proposed programming. (0 pts)	_____ / 5
COMMENTS:			_____ / 25

PART C- GRANT PROGRAM DETAILS 8. SERVICE/WORK PLAN CONTINUED CAREFULLY REVIEW THE MINIMUM PROGRAM REQUIREMENTS INCLUDED IN ATTACHMENT B			TOTAL 50 POINTS (CONTINUED FROM PREVIOUS PAGE)
<input type="checkbox"/> 8f. <u>Clearly</u> describes the quality assurance mechanism (e.g. client satisfaction survey, focus groups, or other methodologies) that will be used to evaluate the effectiveness and appropriateness of services to teens. (4 pts)	<input type="checkbox"/> Provides a <u>limited</u> description of the quality assurance mechanism (e.g. client satisfaction survey, focus group, or other methodologies) that will be used to evaluate the effectiveness and appropriateness of services to teens. (1-3 pts)	<input type="checkbox"/> Provides <u>little or no</u> description of the quality assurance mechanism (e.g. client satisfaction survey, focus group, or other methodologies) that will be used to evaluate the effectiveness and appropriateness of services to teens. (0 pts)	_____ / 4
<input type="checkbox"/> 8g. Provides a <u>detailed</u> plan for how Medicaid outreach and enrollment and delivery of Medicaid preventive services will occur at the center including how eligible children and youth will be identified. (Non-clinical centers must adhere to outreach activities 1, 2, and 5 as outlined in MSA 04-13, Attachment I.) (10 pts)	<input type="checkbox"/> Provides a <u>limited</u> plan for how Medicaid outreach and enrollment and delivery of Medicaid preventive services will occur at the center includes a limited plan for how eligible children and youth will be identified. (Non-clinical centers must adhere to outreach activities 1, 2, and 5 as outlined in MSA 04-13, Attachment I.) (3-7 pts)	<input type="checkbox"/> Provides <u>little or no</u> plan for how Medicaid outreach and enrollment and delivery of Medicaid preventive services will occur at the center and does not include how eligible children and youth will be identified. (Non-clinical centers must adhere to outreach activities 1, 2, and 5 as outlined in MSA 04-13, Attachment I.) (0 pts)	_____ / 10 (CONTINUED ON NEXT PAGE)

Part C- GRANT PROGRAM DETAILS			TOTAL 25 POINTS
9. WORK PLAN			
THE WORK PLAN MUST FOLLOW THE REQUIRED FORMAT IN ATTACHMENT H			
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> 9a. There is <u>at least 1 goal</u> with measurable objectives and activities that focuses on Medicaid outreach and enrollment. (3 pts) <input type="checkbox"/> 9b. There are <u>at least two goals</u> with measurable objectives and activities that focus on the Mandatory Focus Areas (pg 31 of the application guidance) (6 pts) _____Outreach to AYP School(s) _____Pregnancy Prevention _____Obesity Prevention/Nutrition and Physical Activity _____HIV/AIDS _____Tobacco Prevention/Cessation <input type="checkbox"/> 9c. The overall program goal(s) and measurable, time-framed objectives and activities comprise a <u>complete</u> workplan. (6 pts) <input type="checkbox"/> 9d. Objectives and activities <u>are relevant</u> and will <u>likely result</u> in effective programming, addressing the needs of the target population. (10 pts)	<p style="text-align: center;">N/A</p> <input type="checkbox"/> There is <u>at least one</u> goal with measurable objectives and activities that focuses on the Mandatory Focus Areas (pg 31 of the application guidance). (3 pts) _____Outreach to AYP School(s) _____Pregnancy Prevention _____Obesity Prevention/Nutrition and Physical Activity _____HIV/AIDS _____Tobacco Prevention/Cessation <input type="checkbox"/> The overall program goal(s) and measurable, time-framed objectives and activities comprise an <u>incomplete</u> workplan. (2-4 pts) <input type="checkbox"/> Objectives and activities are <u>somewhat</u> relevant and <u>may result</u> in effective programming, addressing the needs of the target population. (3-7 pts)	<input type="checkbox"/> There is <u>no goal</u> with measurable objectives and activities that focuses on Medicaid outreach and enrollment. (0 pts) <input type="checkbox"/> There are <u>no goals</u> with measurable objectives and activities that focus on the Mandatory Focus Areas (pg 31 of the application guidance). (0 pts) _____Outreach to AYP School(s) _____Pregnancy Prevention _____Obesity Prevention/Nutrition and Physical Activity _____HIV/AIDS _____Tobacco Prevention/Cessation <input type="checkbox"/> No workplan is provided. (0 pts) <input type="checkbox"/> Objectives and activities are <u>not</u> relevant and <u>may not</u> result in effective programming, addressing the needs of the target population. (0 pts)	_____ / 25
COMMENTS: 			_____ / 25

PART C- Grant Program Details			TOTAL
10. MICHIGAN STATE BOARD OF EDUCATION GRANT STRATEGIC GOAL AND STRATEGIC INITIATIVES			10 POINTS
FULL POINTS	PARTIAL POINTS	NO POINTS	
<input type="checkbox"/> Provides a <u>clear</u> explanation on how <i>one or more</i> of the Michigan State Board of Education's five strategic initiatives is addressed through the proposal. (10 pts) <ul style="list-style-type: none"> _____ Ensuring Excellent Educators _____ Elevating Educational Leadership _____ Embracing the Information Age _____ Ensuring Childhood Literacy _____ Integrating Communities and Schools 	<input type="checkbox"/> Provides a <u>limited</u> explanation on how <i>one or more</i> of the Michigan State Board of Education's five strategic initiatives is addressed through the proposal. (3-7 pts) <ul style="list-style-type: none"> _____ Ensuring Excellent Educators _____ Elevating Educational Leadership _____ Embracing the Information Age _____ Ensuring Childhood Literacy _____ Integrating Communities and Schools 	<input type="checkbox"/> Provides <u>no</u> explanation on how <i>one or more</i> of the Michigan State Board of Education's five strategic initiatives is addressed through the proposal. (0 pts) <ul style="list-style-type: none"> _____ Ensuring Excellent Educators _____ Elevating Educational Leadership _____ Embracing the Information Age _____ Ensuring Childhood Literacy _____ Integrating Communities and Schools 	_____ / 10
COMMENTS: <div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div>			_____ / 10

Applicant Name: _____

Totals from All Sections:

	Total Points Possible	Total Points Awarded
Section 2: Project Abstract/Summary	10	
Section 3: Assessment of Need	60	
Section 4: Community Experience	30	
Section 5: Community Collaboration and Support	30	
Section 6: Advisory Committee Structure, Membership and Activity	15	
Section 7: Organizational Structure	25	
Section 8: Service Plan Narrative	50	
Section 9: Work Plan	25	
Section 10: Michigan Board of Education Grant Strategic Goal and Strategic Initiatives	10	
Section 11: Financial Plan	25	
Sub-Total	280	
Bonus Points: Add 3 points if the applicant is proposing services in one of Michigan's Cool Cities (+3) Add 7 points if the applicant is proposing services in an AYP School (school based) or an AYP School District (school-linked) (+7)	10	
Total Score for the Application (including bonus points)	290	